

Appendix B

Forms

Sample Form

INTERLIBRARY LENDING POLICY

Effective Date_____

Interlibrary lending address:

Photoduplication address:

Telephone_____ NUC symbol_____ OCLC symbol_____

MONOGRAPHS

Lend if in print? Yes_____ No_____
Length of loan_____
Fee for lending_____
Renewable_____

PERIODICALS

Lend? Yes_____ No_____
Lend if article exceeds_____
pages_____
Lend if illustrated_____
Length of loan_____
Renewable_____
Will photocopy if under_____
pages_____

GOVERNMENT PUBLICATIONS

	Lend?	Yes	No	Depos. since
US				
UN				
State				
Local				
ERIC				
NTIS				
Other				

NEWSPAPERS ON MICROFILM

Lend? Yes_____ No_____
No. of reels_____
Length of loan_____

OTHER MICROFORMS

	Lend?	Yes	No
Film			
Fiche			
Card			
Length of loan			

AUDIOVISUAL MATERIALS

Lend? Yes_____ No_____
Types available_____

MASTER'S THESES

None available_____
Lend? Yes_____ No_____
Length of loan_____
Renewable_____
Microfilm available from:
Our library_____
University Microfilms ONLY
since:_____

DISSERTATIONS

None available_____
Lend? Yes_____ No_____
Length of loan_____
Renewable_____
Microfilm available from:
Our library_____
University Microfilms ONLY
since:_____

GENEALOGY/LOCAL HISTORY

Lend? Yes_____ No_____
Length of loan_____
Renewable_____

REFERENCE BOOKS

Lend? Yes_____ No_____
Length of loan_____
Renewable_____

INTERLIBRARY LENDING POLICY Sample Form cont'd.

PHOTOGRAPHIC SERVICES

Photocopies from paper
 Charge per exposure _____
 No charge up to _____
 exposures _____
 Minimum charge _____
 Handling charge _____
 Estimates given _____
 Photocopies from microforms
 Charge per exposure _____
 No charge up to _____
 exposures _____
 Minimum charge _____
 Handling charge _____
 Estimates given _____
 Microform reproduction
 Film to film _____
 Charge per reel _____
 Minimum charge _____
 Fiche to fiche _____
 Charge per fiche _____
 Minimum charge _____
 Microfilming (Negative)
 Available? Yes _____ No _____
 Specify _____

BILLING PROCEDURE

Invoiced with material _____
 Invoiced on ILL form _____
 Invoiced on OCLC _____
 Deposit account _____
 Payment in advance _____
 Cumulative billing _____

OCLC

Receive requests?
 Yes _____ No _____
 Send requests?
 Yes _____ No _____

ELECTRONIC MAIL

Specify _____

SPECIAL CONDITIONS/RESTRICTIONS

Specify _____

DELIVERY METHODS

U.S. mail _____
 Charge? Yes _____ No _____
 State Courier Service _____
 Courier no. _____
 Charge? Yes _____ No _____
 Other _____

SERIALS LIST AVAILABLE

Paper copy _____ Fiche _____
 Cost _____
 Order from: _____

CONTRIBUTE TO UNION LISTS

OCLC _____ since _____
 Retrospective conversion:
 Yes _____ No _____
 Completed? Yes _____ No _____
 NCUC _____
 Other _____

ILL PERSONNEL

ILL OFFICE HOURS _____

LIBRARY HOURS _____

ILL SERVICE SUSPENDED FROM

 TO _____

REMARKS _____

ALA FORM SAMPLE

This represents the first page of a four part form. These forms may be obtained from most library suppliers.

Request no.:	Date:	Need before:	Notes:	
Call No.	LIBRARY OF MICHIGAN INTERLIBRARY LOANS 717 W. ALLEGAN P.O. BOX 30007 LANSING, MI 48209 MLC MEMBER DISCOUNT			
Patron Information: Book author: OR, Serial title, volume, issue, date, pages; OR, Authorial title:				
Book title, edition, imprint, series; OR, Article author, title: <input type="checkbox"/> This edition only				
Verified by: AND/OR, Cited by: ISBN, ISSN, LCCN, or other bibliographic number: <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 10px;"></div>				
Request complies with: <input type="checkbox"/> 100% of Guidelines (CCL) <input type="checkbox"/> Other provisions of copyright law (CCL) <input type="checkbox"/> Telephone:				
TYPE OF REQUEST: <input type="checkbox"/> LOAN: MI <input type="checkbox"/> PAY FEE <input type="checkbox"/> PRODUCTION: MAX. COST \$ <input type="checkbox"/>				
LIBRARY REPORT: Date _____ Date shipped _____ Shipped via _____ Insured for \$ _____ Charges \$ _____ DUE _____ <input type="checkbox"/> Return insured Packing Requirements _____				
RESTRICTIONS: <input type="checkbox"/> Library use only <input type="checkbox"/> Copying not permitted <input type="checkbox"/> No renewals <input type="checkbox"/>				
NOT SENT BECAUSE: <input type="checkbox"/> In use <input type="checkbox"/> Lacking <input type="checkbox"/> Not owned <input type="checkbox"/> At binding <input type="checkbox"/> Cost exceeds limit <input type="checkbox"/> Non Circulating <input type="checkbox"/> Not found as cited <input type="checkbox"/> Not on shelf <input type="checkbox"/> Poor Condition <input type="checkbox"/> Lost <input type="checkbox"/> Lacks copyright compliance <input type="checkbox"/> On order <input type="checkbox"/> Volumes not yet available <input type="checkbox"/> On reserve <input type="checkbox"/> In process <input type="checkbox"/> Requested on <input type="checkbox"/> Hold placed <input type="checkbox"/> Estimated Cost of Loan \$ _____ Photocopy \$ _____ Microfilm \$ _____ <input type="checkbox"/> Prepayment required				
BORROWING LIBRARY RECORD: Date received _____ Date returned _____ Returned via _____ Insured for \$ _____ Payment provided \$ _____				
RENEWALS: Date requested _____ New due date _____ Renewal denied _____				
ALA INTERLIBRARY LOAN REQUEST FORM				

MICHIGAN TELEFAX NETWORK ILL/DD REQUEST FORM

O.K. TO BILL: ____ NO. ____ YES.

IF REQUEST IS FROM A ROC TO LOM, PLS SUPPLY:

ROC SYMBOL _____

LIBRARY SYMBOL _____

A REQUEST

Date of request	Not needed after:	Requester's order no.
CALL NO.		

For use of _____ Status _____ Dept. _____

Book author: OR periodical title, vol. and date

Book Title, edition, place, year series: OR periodical article author, title, pages. ☐ This edition only

Verified in: OR: item cited in

ISBN, OR ISSN, or LC card, or OCLC, or other number if known _____
If non-circulating, & cost does not exceed \$ _____, please supply ☐ Microfilm ☐ Hard copy

INTERLIBRARY LOANS
LIBRARY OF MICHIGAN
P.O. BOX 30007
LANSING, MI 48909

Request complies with
☐ 108(g)(2) Guidelines (CCG)
☐ other provisions of copyright law (CCL) AUTHORIZED BY: (full name) _____
TITLE _____

Request for ☐ LOAN or ☐ PHOTOCOPY
According to the A.L.A. Interlibrary Loan Code

REPORTS: Checked by _____
SENT BY: ☐ Library rate ☐ _____
Charges \$ _____ Insured for \$ _____
Date sent _____
DUE _____

RESTRICTIONS: ☐ For use in library only
☐ Copying not permitted ☐ _____

NOT SENT BECAUSE: ☐ In use
☐ Not Owned

☐ Non Circulating
☐ Request of _____

Estimated Cost of: ☐ Microfilm _____
☐ Hard copy _____

BORROWING LIBRARY RECORD:

Date received _____
Date returned _____
By ☐ Library rate ☐ _____
Postage enclosed \$ _____ Insured for \$ _____

RENEWALS: ☐ No renewals
Requested on _____
Renewed to _____
(or period of renewal)

Note: the receiving library assumes responsibility for notification of non-receipt

1. TELEFAX NO: _____

☐ DO NOT REFER.

2. OFFICE NO: _____

☐ PLEASE REFER:

3. _____ PLEASE SEND BY TELEFAX, WITHIN:

_____, FAX NO. _____
(OCLC SYMBOL)

_____ ONE WEEK (5 WORKING DAYS)

_____ TWO (2) WORKING DAYS

_____, FAX NO. _____
(OCLC SYMBOL)

_____ 24 HOURS (PLEASE CALL AHEAD)

_____ THREE (3) HOURS (PLEASE CALL AHEAD)

4. _____ O.K. TO DELIVER BY REGULAR MAIL

5. _____ O.K. TO DELIVER BY REGULAR COURIER

6. _____ COMMENTS (SPECIAL INSTRUCTIONS) _____

MICHIGAN TELEFAX NETWORK ILL/DD REQUEST FORM

O.K. TO BILL: ____ NO. ____ YES.

IF REQUEST IS FROM A ROC TO LOM, PLS SUPPLY:

ROC SYMBOL _____

LIBRARY SYMBOL _____

ATTACH OCLC WORKFORM HERE

1. TELEFAX NO: _____

☐ DO NOT REFER.

2. OFFICE NO: _____

☐ PLEASE REFER:

3. _____ PLEASE SEND BY TELEFAX, WITHIN:

_____, FAX NO. _____
(OCLC SYMBOL)

_____ ONE WEEK (5 WORKING DAYS)

_____ TWO (2) WORKING DAYS

_____ 24 HOURS (PLEASE CALL AHEAD)

_____ THREE (3) HOURS (PLEASE CALL AHEAD)

_____, FAX NO. _____
(OCLC SYMBOL)

4. _____ O.K. TO DELIVER BY REGULAR MAIL

5. _____ O.K. TO DELIVER BY REGULAR COURIER

6. _____ COMMENTS (SPECIAL INSTRUCTIONS) _____

MICHIGAN TELEFAX NETWORK ILL/DD REQUEST FORM

O.K. TO BILL: ____ NO. ____ YES.

IF REQUEST IS FROM A ROC TO LOM, PLS SUPPLY:

ROC SYMBOL _____

LIBRARY SYMBOL _____

ILL: NEW Borrower: EEM ReqDate: 890217 Status: PENDING
 OCLC: NeedBefore: RecDate: RenewalReq:
 Lender: DueDate: NewDueDate:
 1 CALLNO:
 2 AUTHOR:
 3 TITLE:
 4 EDITION:
 5 IMPRINT:
 6 ARTICLE:
 7 VOL: NO: DATE: PAGES:
 8 VERIFIED:
 9 PATRON:
 10 SHIP TO:
 11 BILL TO: same
 12 SHIP VIA: MAXCOST: COPYRT COMPLIANCE:
 13 BORROWING NOTES:
 14 LENDING CHARGES: DATE SHIPPED: SHIP INSURANCE:
 15 LENDING RESTRICTIONS:
 16 LENDING NOTES:
 17 RETURN TO:
 18 RETURN VIA:
 19 RETURNED VIA: RETURNED DATE: INSURANCE:

OCLC

1. TELEFAX NO: _____

☐ DO NOT REFER.

2. OFFICE NO: _____

☐ PLEASE REFER:

3. _____ PLEASE SEND BY TELEFAX, WITHIN:

_____, FAX NO. _____
 (OCLC SYMBOL)

_____ ONE WEEK (5 WORKING DAYS)

_____ TWO (2) WORKING DAYS

_____, FAX NO. _____
 (OCLC SYMBOL)

_____ 24 HOURS (PLEASE CALL AHEAD)

_____ THREE (3) HOURS (PLEASE CALL AHEAD)

4. _____ O.K. TO DELIVER BY REGULAR MAIL

5. _____ O.K. TO DELIVER BY REGULAR COURIER

6. _____ COMMENTS (SPECIAL INSTRUCTIONS) _____

FROM

LIBRARY RATE

TO

**INTERLIBRARY LOAN
DELTA COLLEGE LIBRARY
UNIVERSITY CENTER, MI
48710**

RETURN POSTAGE GUARANTEED ADDRESS CORRECTION REQUIRED

MAY BE OPENED FOR POSTAL INSPECTION IF NECESSARY

..... PARCEL POST EXPRESS COLLECT
..... PREINSURED EXPRESS PREPAID
\$ VALUE

THE LIBRARY NETWORK
Interloan Department
33030 Van Born Road
Wayne MI 48184

LIBRARY RATE

TO:

**INTERLIBRARY LOAN
ROCHESTER HILLS PUBLIC LIBRARY
500 OLDE TOWNE ROAD
ROCHESTER, MI 48307-2043**

RETURN POSTAGE GUARANTEED-ADDRESS CORRECTION REQUESTED

MAY BE OPENED FOR POSTAL INSPECTION IF NECESSARY

..... Parcel Post Express Collect
..... Preinsured Express Prepaid
..... Value

FROM:

Contents: LIBRARY MATERIALS	RETURN POSTAGE GUARANTEED
INTERLIBRARY LOAN	
OAKLAND UNIVERSITY LIBRARY ROCHESTER, MICHIGAN 48309-4401	

TO:
FARMINGTON COMMUNITY LIBRARY Interlibrary Loan 32737 West Twelve Mile Road Farmington Hills, MI 48334-3302